

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8303	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/13/2018
NAME OF PROVIDER OR SUPPLIER GALLATIN HEALTH CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 438 NORTH WATER AVE GALLATIN, TN 37066		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 002	1200-8-6 No Deficiencies This Rule is not met as evidenced by: A Life Safety Code Survey follow up was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 08/13/2018 for all previously cited deficiencies on 6/18/2018. During this Life Safety Survey, Gallatin Health Care Center, LLC was found in substantial compliance with the requirements of the Rules of Tennessee Department of Health Board for Licensing Health Care Facilities Chapter 1200-08-6 Standards for Nursing Homes and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).	N 002		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER GALLATIN HEALTH CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 438 NORTH WATER AVE GALLATIN, TN 37088		
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N 831	<p>1200-6-6-08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant.</p> <p>The findings include:</p> <p>1. Observation on 06/18/2018 between 11:46 AM and 12:54 PM, revealed fire/smoke barrier penetrations in the following locations:</p> <ul style="list-style-type: none"> a. central supply (1 data line and 4 electrical conduits not sealed) b. supply room by rm 330 (multiple penetrations in the masonry wall and not sealed at the deck) c. above ceiling over the maintenance door (multiple penetrations in the masonry wall using unapproved fire stop (foam) and not sealed at the deck) d. above ceiling over the cross corridor by the therapy room closer to the ambulance entrance (multiple penetrations improperly sealed (mixed fire caulk) and unsealed) e. above ceiling (ambulance canopy mechanical room) a 2 inch cpvc pipe going through the gypsum wall not sealed. f. above ceiling (ambulance canopy mechanical room) a 2 inch pvc conduit going through the gypsum wall not sealed. g. above ceiling (ambulance canopy mechanical room) 7 wall penetrations (all threaded rods) not sealed. 	N 831	<p>The following penetrations were properly sealed with fire rated caulk: central supply data & electrical conduits, supply room by room 330 masonry wall & deck, above ceiling over maintenance door, above ceiling over cross corridor by the therapy room closer to the ambulance entrance, above ceiling (ambulance canopy mechanical room)-2"cpvc pipe, threaded rods & 2 metal conduits, 4a janitor's closet from sheet rock repairs, memory care boiler room-6 pipes, domestic water closet-3" pvc pipe.</p> <p>Ceiling tiles were replaced in janitor's closet by room 326 and room 212 bathroom. Floor replaced in room 329. Push handle hardware installed on Memory care doors near maintenance shop. Penetrations sealed with fire rated caulk in Memory Care unit janitor's closet. Laundry room fire doors were un-wedged. Paint was removed from fire rated label on the emergency corridor side commercial laundry room fire door. The emergency exit sign in the conference room was removed to indicate it is no longer an emergency exit. The carts were removed from obstructing the laundry service corridor.</p> <p>Continued on next page.</p>	7/20/18

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Administrator

(X6) DATE

7/12/18

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER GALLATIN HEALTH CARE CENTER, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 438 NORTH WATER AVE GALLATIN, TN 37068		
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N 831	Continued From page 1 h. above ceiling (ambulance canopy mechanical room) 2 metal conduits not sealed on the ends (low voltage). i. 4a janitors closet (improper sheet rock repair) and exposing penetrations. j. Memory care boiler room had 6 pipe (copper and gas) lines penetrating the wall that were not properly fire caulked. k. 3 inch pvc pipe penetrating a masonry ceiling in the domestic water closet is not sealed. NFPA 101, 8.3.5 (2012 Edition) 2. Observations on 06/18/2018 between 12:09 PM and 12:35 PM, revealed wet ceiling tiles in the following locations: a. janitors closet by room 326 b. rm 212 bathroom 3. Observation on 06/18/2018 at 12:16 PM, revealed the flooring in room 329 is pulling away from the slab causing a hump in the floor resulting a trip hazard. 4. Observation on 06/18/2018 at 12:19 PM, revealed the Memory care doors beside the maintenance shop missing push handle hardware. 5. Observation on 06/18/2018 at 12:21 PM, revealed the Memory care janitors closet had multiple wall penetrations (anchor holes) 6. Observation on 06/18/2018 at 12:21 PM, revealed the commercial laundry room fire doors wedged in the open position. NFPA 80, 5.2.13.3 (2010 Edition) 7. Observation on 06/18/2018 at 12:21 PM, revealed the commercial laundry room fire door emergency corridor side fire rated label covered	N 831	N 831 continued, The following, related areas were inspected: any space that may have penetrations, ceiling tiles, resident room floors, fire doors/fire rated labels, corridors, and emergency exit signage. The following were added to the maintenance daily checklist: any space that may have penetrations, ceiling tiles, resident room floors, fire doors/fire rated labels, corridors, and emergency exit signage. Maintenance Director will audit daily checklist and report results to the QAC monthly or until QAC deems compliance.	

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N 831	Continued From page 2 in paint and not legible. NFPA 101, 8.3.3.2.3 (2012 Edition) 8. Observation on 06/18/2018 at 1:27 PM, revealed the conference room emergency exit door obstructed by benches on the outside. NFPA 101, 7.1.10.1 (2012 Edition) 9. Observation on 06/18/18 at 1:32 PM, revealed the 4a clean linen room door not self-closing within the frame. 10. Observations on 6/18/2018 at 1:34 PM, revealed the laundry service corridor was obstructed with carts. NFPA 101, 7.1 10.1 (2012 Edition) Maintenance staff was present for the findings which were later acknowledged by the administrator during the exit conference on 06/18/2018.	N 831		
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the correct air flow.	N 848	The Memory Care clean linen closet has had an air diffuser installed to provide a supply of clean air. All clean linen closets have the potential to be affected by this practice, were inspected and action taken as needed. Maintenance staff will add inspection of non-designated smoking areas to daily checklist. Continued on next page.	7/20/18

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N 848	Continued From page 3 The finding included: Observation on 6/18/2018 at 12:31 PM, revealed the Memory Care clean linen closet did not have any clean air supply. Maintenance staff was present when this deficiency was identified and it was later acknowledged by the administration in the exit conference on 6/18/2018.	N 848	N 848 continued. Maintenance Director will audit daily checklist and report results to the QAC monthly or until QAC deems compliance.	

445183

06/18/2018

NAME OF PROVIDER OR SUPPLIER

GALLATIN HEALTH CARE CENTER, LLC

STREET ADDRESS, CITY, STATE, ZIP CODE

435 NORTH WATER AVE
GALLATIN, TN 37066

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

E 000 Initial Comments

During the Emergency Preparedness Survey completed on 06/18/2018, this facility was found to be in compliance with all Emergency Preparedness requirements.

E 000

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carl F. Coltrane

TITLE

Administrator

7/12/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.